STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365963	A. Building B. Wing	05/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Shepherd Home	725 Columbus Ave Fostoria, OH 44830

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. Based on observation, staff interview, review of the activities calendar, and review of the facility policy, the facility failed to implement the activities calendar as scheduled and provide activities to meet resident needs. This affected 37 (#41, #28, #31, #17, #69, #64, #77, #3, #70, #49, #80, #51, #56, #39, #15, #82, #5, #32, #48, #36, #50, #62, #52, #38, #30, #24, #29, #22, #21, #9, #58, #20, #83, #76, #65, #79, and #2) of 37 residents who resided in the memory care unit. The facility census was 80.Findings include:Review of the activities calendar for the memory care unit revealed every day at 9:30 A.M. there was an activity called, Morning Greetings. Repetitive activities were noted on the same day each week. Further review of the activities calendar revealed there were no activities offered past 2:30 P.M. with the exception on 04/07/26 for music time at 3:15 P.M.Observation on 05/11/26 at 9:30 A.M. of the memory care unit revealed there was no activity completed. Observation on 05/11/26 at 10:15 A.M. revealed Activities Director (AD) #142 painting some of the female resident's nails; however, no male residents were observed receiving nail care.Interview on 05/11/26 at 10:15 A.M. with AD #142 confirmed there were no activities completed at 9:30 A.M. AD #142 further stated she was doing the activity called Manicure Hour, which consisted of painting nails, and sometimes filing resident's nails. AD #142 stated not all residents are asked if they want their nails done, and stated the male residents can have their nails filed.Observation on 05/12/26 at 9:30 A.M. of the memory care unit revealed there was no activity completed as scheduled and 16 residents were sitting in the common area with a movie on. Observation on 05/12/26 at 10:25 A.M. revealed an activity called, Devotion with the Chaplin was in progress with residents noted sitting in recliner chairs, and a Chaplin put on religious music and singing.Further observation on 05/12/26 at 2:05 P.M. of the memory care unit revealed two residents and Case Manager (CM) #146 sitting at a table with a puzzle in front of them. One resident was sleeping and the other resident was not actively participating in the activity. The posted activity was called, Puzzle Time, and there were 22 residents sitting in the common area with the television on.Interview on 05/12/26 at 2:05 P.M. CM #146 revealed she did not work for the facility and was at the facility to do one-on-one behavioral health with the residents.Interview on 05/12/26 at 2:08 P.M. with Licensed Practical Nurse (LPN) Unit Manager #173 revealed CM #146 did not work at the facility. LPN Unit Manager #173 further confirmed that residents on the memory care unit were not offered the scheduled activities that week because the regular activity aid was doing certified nurse aide (CNA) training.Observation on 05/13/26 at 10:11 A.M. of the memory care unit revealed residents sitting at two tables. There were six residents placing stickers on an umbrella and one resident was sleeping. AD #142 went back and forth assisting residents with completing the activity.Observation on 05/14/26 at 9:30 A.M. of the memory care unit revealed there was no activity completed as scheduled and 17 residents were sitting in the common area with a movie on.Review of the facility policy for activities, dated 04/2025, revealed activities would be designed with the intent to enhance the resident's sense of well-being, belonging, and usefulness, create opportunities for each resident to have a meaningful life, promote or enhance physical activity, promote or enhance cognition, promote or enhance emotional health, reflect resident's interests and age, reflect cultural and religious interests of the resident's, and reflect choices of the resident's. Activities were to include, indoor and outdoor activities, and activities away (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	from the facility.This deficiency represents non-compliance investigated under Complaint Number 2666521.